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Part LIX. Bulletin 103C Louisiana Health Education Content Standards

Chapter 1. General Provisions

§101. Introduction

A. In this era of educational reform, health education standards are critical to improving quality of life through student learning. They provide direction for moving toward excellence in teaching health information. Quality health education provides guidance for maintaining a healthy lifestyle for all individuals, including females and those with disabilities. Through competency of key concepts and skills outlined in this document, students will become health-literate, effective problem-solvers, self-directed learners, effective communicators, and responsible, productive citizens.

B. Health Literacy is the capacity of an individual to obtain, interpret, and comprehend basic health information and services and the competence to use such information and services in ways that are health enhancing for the individual, family, and community. Four characteristics are identified as being essential to health literacy. The health-literate person is:

1. a critical thinker and problem solver;
2. a responsible, productive person;
3. a self-directed learner; and
4. an effective communicator.

C. A fundamental mission of schools is the promotion of healthy behaviors by providing individuals with knowledge, abilities, and skills to become healthy and productive citizens. Optimal health leads to effective living, learning and enjoyment of life for all individuals. It is also an asset for students facing intense competition, peer pressure, stress, and a full program of intellectual and physical activities. The primary purpose of health education is the translation and integration of health concepts into personal behavior.

D. The Louisiana Health Education Content Standards offer a coherent vision of what it means to be health-literate. These standards identify the knowledge and skills essential to the development of health literacy. In addition, the standards provide a guide for enhancing and continuing education of teachers and as a blueprint for local curriculum developers. The standards are broad enough to allow flexibility according to strengths or challenges identified in each community and to make them culturally relevant.

E. Louisiana Health Education Content Standards establish a framework for interdisciplinary connections across learning areas and the inclusion of school health curriculum. This type of framework will facilitate a new and more informed consensus among Louisiana educators and

the public to further refine the answers to the question: "What should all Louisiana students know and be able to do at the end of health education instruction?"

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§103. Goal

A. The goal of the standards project is to:

1. develop a framework of essential knowledge and skills for Louisiana students that reflects contemporary knowledge about teaching and learning;
2. prepare students to apply their knowledge in a variety of situations; and
3. prepare students for life-long learning.

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§105. Definitions

Adolescent Risk Behaviors behaviors identified by the U.S. Centers for Disease Control and Prevention (CDC) as being the most influential in the health of our nation's youth. These behaviors include avoidance of:

1. tobacco use;
2. dietary patterns that contribute to disease, sedentary lifestyle, sexual behaviors that result in HIV infection/other STDs and unintended pregnancy, alcohol and other drug use; and
3. behaviors that result in unintentional and intentional injuries.

Critical Thinker and Problem Solver health-literate individuals are critical thinkers and problem solvers who identify and creatively address health problems and issues at multiple levels, ranging from personal to international. They use a variety of sources to access the current, credible, and applicable information required to make sound health-related decisions. Furthermore, they understand and apply principles of creative thinking along with models of decision-making goal setting in a health-promotion context.

Effective Communicators health-literate individuals who organize and convey beliefs, ideas and information about health through oral, written, artistic, graphic, and technologic mediums are effective communicators. They create a climate of understanding and concern for others by

listening carefully and responding thoughtfully and presenting a supportive demeanor which encourages others to express themselves. They conscientiously advocate for positions, policies, and programs that are in the best interest of society and intended to enhance personal, family, and community health.

Health Education Standards standards specify what students should know and be able to do. They involve the knowledge and skills essential to the development of health literacy. That "knowledge" includes the most important and enduring ideas, issues and concepts in health education. Those "skills" include the ways of communicating, reasoning, and investigating which characterize health education. Health Education standards are not merely facts, rather, they identify the knowledge and skills students should master to attain a high level of competency in health education.

Health Literacy the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health enhancing.

Institution for Higher Education a college or university that awards undergraduate degrees and that may include programs of professional preparation for teachers.

Local Education Agency the organization that has the responsibility for overseeing the public education of students within a community.

Performance Indicator specific concepts and skills which fourth-, eighth-, and eleventh-grade students should know and be able to do to achieve the National Health Education Standards. They are intended to help educators focus on the essential knowledge and skills basic to the development of health-literate students. They serve the same purpose as the benchmarks in other standards documents. The performance indicators form a blueprint for organizing student assessment.

Responsible, Productive Citizens individuals who realize their obligation to ensure that their community is kept healthy, safe, and secure so that all citizens can experience a high quality of life. They also realize that this obligation begins with oneself. That is, they are responsible individuals who avoid behaviors which pose a health or safety threat to themselves and/or others, or an undue burden on society. Finally, they apply democratic and organizational principles in working collaboratively with others to maintain and improve individual, family, and community health.

School Health Education one component of the comprehensive school health program. This component includes the development, delivery, and evaluation of a planned instructional program and other activities for students pre-school through grade 12, for parents, and for school staff. It is designed to positively influence the health knowledge, attitudes, and skills of individuals.

School Health Educator a practitioner who is professionally prepared in the field of school health education, meets state teaching requirements, and

demonstrates competence in the development, delivery, and evaluation of curricula for students and adults in the school setting that enhance health knowledge, attitudes, and problem-solving skills.

Self-Directed Learner health-literate individuals are self-directed learners who have a command of the dynamic, changing health promotion and disease prevention knowledge base. They use literacy, numeracy, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They also apply interpersonal and social skills in relationships to learn from and about others and, as a consequence, grow and mature toward high-level wellness.

State Education Agency the department of state government that has the responsibility for overseeing the public education of students within the state.

State Health Agency the department of state government that has the responsibility for recording and overseeing the health of citizens within the state.

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§107. Content Standards Foundation Skills

A. The Louisiana Content Standards Task Force has developed the following foundation skills that should apply to all disciplines.

1. Communication. A process by which information is exchanged and a concept of "meaning" is created and shared between individuals through a common system of symbols, signs, or behavior. Students should be able to communicate clearly, fluently, strategically, technologically, critically, and creatively in society and in a variety of workplaces. This process can best be accomplished through use of the following skills:

- a. reading;
- b. writing;
- c. speaking;
- d. listening;
- e. viewing; and
- f. visually representing.

2. Problem Solving. The identification of an obstacle or challenge and the application of knowledge and thinking process which include reasoning, decision-making, and inquiry in order to reach a solution using multiple pathways, even when no routine path is apparent.

3. Resource Access and Utilization. The process of identifying, locating, selecting, and using resource tools to help in analyzing, synthesizing, and communicating information. The identification and employment of appropriate tools, techniques, and technologies are essential in all learning processes. These resource tools include:

- a. pen;
- b. pencil;
- c. paper;
- d. audio/video material;
- e. word processors;
- f. computers;
- g. interactive devices;
- h. telecommunication; and
- i. other emerging technologies.

4. **Linking and Generating Knowledge.** The effective use of cognitive processes to generate and link knowledge across the disciplines and in a variety of contexts. In order to engage in the principles of continued improvement, students must be able to transfer and elaborate on these processes. *Transfer* refers to the ability to apply a strategy or content knowledge effectively in a setting or context other than that in which it was originally learned. *Elaboration* refers to monitoring, adjusting, and expanding strategies into other contexts.

5. **Citizenship.** The application of the understanding of the ideals, rights, and responsibilities of active participation in a democratic republic that includes:

- a. working respectfully and productively together for the benefit of the individual and the community;
- b. being accountable for one's civil, constitutional, and statutory rights; and
- c. mentoring others to be productive citizens and lifelong learners.

NOTE: These foundation skills are listed numerically in parentheses at the end of each benchmark.

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§109. Need and Context for Reform

A. Education reform is driven by concerns of government and business leaders for the future of the country in a technological world economy. Parents and community members concur that calling for reform will enable students to become responsible members of their families and communities. It is agreed that essential preparation for success in work and family and community settings includes acquisition the foundation skills. Future workers and members of society need the ability to apply knowledge from multiple sources and to work cooperatively.

B. HealthCA Key Component

1. Educational excellence in traditional content areas may not be sufficient to secure the future competitiveness of the country. Alcohol, tobacco, and other drug use as well as low levels of physical activity, poor nutrition, injuries,

teenage pregnancy, sexually transmitted diseases, and stress contribute to a lower health status and result in loss of work and school time.

2. Health education in schools is essential to enable students to acquire the knowledge and skills needed to practice good health. Implementation of planned, sequential health curricula has been linked to changes in students' attitudes and behaviors. Poor health habits often carry over into adulthood. Students who follow good health habits are more alert, perform at a higher level, are absent less, and have greater self-esteem. These traits carry over into adulthood. Healthy adults will be prepared to contribute to the nation's economic competitiveness by working more effectively and decreasing employee absenteeism. Due to an increase in disease prevention, fewer medical services will be required, thereby reducing health insurance costs.

3. Decreased business costs will increase productivity as a result of a workforce of healthy individuals. In addition, health knowledge and skills, when applied, ensure a better quality of life.

C. The Recognized Need

1. The major health problems facing the United States today are largely preventable, and attributable to a few types of behaviors. Such behaviors include those that lead to injury through violence or accidents, drug and alcohol abuse, poor nutrition, suicide, pregnancy and insufficient physical activity (*Surgeon General's Report*, 1996). Additionally, recent studies suggest that adolescent depression may approach 8 percent of the population, and approximately 15-20 percent of adolescents will express depression during their teen years (Schlozman, 2001). It is important that we address these behaviors early in a child's education through school programs.

2. More children are developing habits that lead to unhealthy lifestyles. Findings from the *Surgeon General's Report* and the Centers for Disease Control and Prevention (CDC) indicate that as students age, they participate in fewer forms of physical activity. This finding, coupled with additional risk factors (e.g., tobacco and drug use, poor nutrition and poor eating habits, increase in sedentary activities) leads to an increasing incidence of cardiovascular disease, cancer, stroke, obesity, and Type II diabetes. For cardiovascular disease, cancer, and diabetes, Louisiana has higher rates than the national average (BRFSS, 1996).

3. The cost of cardiovascular diseases and stroke in the United States in 2001 was estimated at \$329.2 billion (AHA, 2002). This figure includes both direct cost health expenditures (the cost of physicians and other professionals, hospitals and nursing home services, medications, home health, and other medical durables) and indirect cost health expenditures (loss of productivity resulting from morbidity and mortality). Cardiovascular diseases claim the lives of more than 15,000 Louisiana residents each year making it the state's number one killer. Many of these lives could be saved if bystanders promptly phone 911, begin cardiopulmonary resuscitation (CPR), and if trained rescuers provide defibrillation within minutes.

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4. Louisiana has alarming rates of obesity. In a recent report from the CDC, Louisiana was ranked twentieth out of 25 states for its level of obesity. In a similar report, New Orleans was found to be the most obese city in America. In 1996, 33 percent of adults in Louisiana reported being overweight according to the Behavioral Risk Factor Surveillance System (BRFSS). There is evidence to conclude that obesity-related diseases account for approximately 80 percent of the national health care budget, or about \$100 billion. Health-risk behaviors claim a high proportion of Louisiana's Medicaid dollars (48 percent).

5. In addition, suicide has become a significant cause of death in the United States. Based on facts published by CDC and from the Louisiana Adolescent Suicide Prevention Task Force:

- a. for people from 15-25 years old, suicide is the third leading cause of death;
- b. more teenagers and young adults die from suicide than from cancer, AIDS, heart disease, birth defects, strokes, pneumonia, influenza, and chronic lung disease combined; and
- c. in 1996, medical treatment for youth suicide in Louisiana for ages 0 to 20 years was \$364,000,000.

6. Suicide prevention, along with other health education issues can be easily integrated into the health education curriculum that is based on health education content standards. Today, the goals of health education focus more on the development of the whole person. Greater emphasis is placed on health and wellness of the human being. Promoting personal well-being includes attention to mental health as well as physical health.

D. Looking Forward

1. Traditionally, the health education curriculum has been organized around health content topic areas. Today, greater emphasis is placed on health and wellness. The Health Education Content Standards are an ideal means for providing guidelines for curriculum addressing high-risk behaviors and healthy lifestyles.

2. The U.S. Centers for Disease Control and Prevention (CDC) has identified six risk behaviors that are incorporated in the organization of the new health content standards. The six risk behaviors include:

- a. tobacco use;
- b. sedentary lifestyle/poor physical activity patterns;
- c. alcohol and drug abuse;
- d. unhealthy dietary behaviors;
- e. behaviors that result in accidents and injuries;
- f. sexual behaviors that result in sexually transmitted diseases and unintended pregnancy.

3. In collaboration with health and education partners (Association for the Advancement of Health Education of the American Alliance for Health, Physical Education,

Recreation, and Dance, American School Health Association, American Public Health Association, and American Cancer Society), the CDC assists in providing states with information and skills needed to avoid such risk behaviors. The eight components of a coordinated school health program systemically address these risk behaviors and the development of healthy lifestyles. They include:

- a. health education;
- b. physical education;
- c. health services;
- d. nutrition services;
- e. counseling, psychological, and social services;
- f. healthy school environment;
- g. health promotion for staff;
- h. family and community involvement.

4. Coordinated school health programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop skills for making health decisions for the rest of their lives.

E. Purpose

1. This framework document organizes and integrates the content and process of health education. It serves as a bridge between classroom practice and national standards established by the health education community. The standards define what a health-educated person should know, understand, and be able to do. Although the standards provide a framework for curriculum development, local education agencies may choose topics to meet the needs of children and youth in their communities.

2. The Louisiana Health Education Content Standards framework is designed to guide the process of reforming health education in this state. It provides the following:

- a. a framework for developing a comprehensive K-12 health education curriculum;
- b. a catalyst for insightful discussion of the fundamental nature of health education;
- c. a guide for evaluating progress and achieving health education benchmarks among the students of Louisiana;
- d. a vision of health education for the state; and
- e. a tool to enable local districts, schools, and educators to grasp the nature, purpose, and role of health education.

F. Intended Audiences. This document is intended for use mainly by kindergarten through grade 12 teachers of health education and curriculum developers to plan curriculum, instruction, and assessment.

G. Intended Use. Intended uses for this framework include the following:

1. for teachers and curriculum developers a guide for planning curriculum, instruction and assessment;

2. for parents a means for gaining information regarding the effectiveness of their children's health education program;

3. for administrators and school board members a vision for health education and a basis for planning resource allocations, material purchases, local curriculum development and teachers' professional development;

4. for policymakers and state education staffs a basis for developing laws, policies and funding priorities to support local reforms;

5. for staff developers a basis for creating professional development materials and strategies designed to increase teachers' knowledge of health education content, teaching methodologies and assessment strategies;

6. for assessment specialists and test developers a guide for the development of an assessment framework to assess students' health education understanding and ability more effectively;

7. for colleges and university faculties a guide for content and design of teacher preparation programs; and

8. for business and industry leaders and government agencies a basis for developing effective partnerships and local reforms for funding instructional materials and professional development.

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Chapter 3. Teaching and Learning of Health Education

§301. Centers for Disease Control and Prevention Recommendation

A. The Centers for Disease Control and Prevention (CDC) recommends teaching health education as a self-contained class with infused classes serving as an adjunct to, instead of substituting for, health education classes. Infused classes are defined as courses that include some health education content, but primarily focus on another subject. Centers for Disease Control and Prevention (CDC) recommends teaching health as an academic class where the lessons are taught sequentially, behaviorally focused, and promote positive messages.

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§303. Curriculum Integration

A. Adoption of standards across curricular areas increases the potential to make connections which come

naturally among subjects from early childhood through high school. Curriculum integration can help students make connections between health content and generic skills (e.g., critical thinking, decision-making, etc.). In addition to teaching health education in a self-contained environment, integration of other subjects will support, rather than replace, student learning of health education concepts. However, for integration to be effective, staff development must occur. Teachers need time to meet collaboratively, to identify connections across subject areas, and to plan curricular integration within and across grade levels.

B. In teaching health education, other subject areas can be easily integrated. Health education curricula can be easily integrated with reading comprehension, language arts, science, mathematics, social studies, and physical education. For example, at the elementary level, the health education curriculum is specifically intended to teach the interpersonal and conflict management skills students need to "get along." These skills are grounded in listening and speaking effectively. Health education also affords students many opportunities to write about topics of interest to them such as their personal feelings, growth, and development. In addition, students can apply the mathematical and science processes of measuring, charting, graphing, estimating, predicting, justifying, and classifying in conjunction with health lessons. At the middle and high school levels:

1. language skills are utilized in accessing and evaluating health information;

2. citizenship and communication skills are involved in community advocacy;

3. knowledge of body system functions includes anatomy; and

4. environmental science concepts are reinforced by the understanding of ecological systems.

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§305. Technology

A. Technology can enhance learning by improving both the efficiency and effectiveness of instructional time. The National Health Education Standards and Louisiana Health Education Content Standards expect students to demonstrate the ability to access health information. School districts are expected to provide for the utilization of information technologies in the delivery of health instruction.

B. Students will be required to make numerous health care decisions in their lifetimes and must do this in an environment in which they are bombarded with health information that may or may not be accurate. Comprehensive health education prepares students to use and evaluate information for accuracy from a variety of sources. This requires that students use technology to gather current, accurate information prior to making decisions and

taking action. The use of technology to access information is an essential lifelong health literacy skill.

C. The careful, guided use of technology to enhance the effectiveness of health education can allow all students to access the most current information. Due to the abundance of information available, educators, administrators, and parents are encouraged to evaluate the quality of available information prior to presenting it to students.

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§307. Assessment

A. Standards involve statements about what students should know and be able to do. Included in this process is the construct of assessment. Health education assessment reflects the process of accumulating evidence about students' levels of competence in the area of health. Inferences can then be made based upon the evidence ascertained. The primary goal of assessment facilitates learning, rather than the documentation of learning. It is critical for health educators to assess individual performance. Such assessment should:

1. reflect health education content that is most important for students to learn, based upon the Louisiana Health Education Content Standards and Benchmarks;
2. enhance learning through a connection with instruction;
3. provide valid and reliable evidence of student performance; and
4. produce valid inferences about student learning specific to health education.

B. At a time in which greater demands are likely to be placed on assessment than any other time in United States education history, there continues to be escalating discomfort with traditional forms of assessment, including multiple-choice, true-false, matching machine-scored tests. With this in mind, assessment practices must support instruction of health education and student learning.

C. Alternative assessment can take many forms, such as portfolios, discussions and debates, event tasks, case studies, student logs, and role-playing. Such assessments can include:

1. tasks that directly examine the behavior the teacher wishes to measure;
2. criterion-referenced scoring;
3. assessment of higher levels of learning;
4. student participation in development of the assessment and ownership of the final product; and
5. assessment criteria that are given to students in advance.

D. *Rubrics* are the scoring criteria by which student performance is judged. They are used most often with alternative assessments such as portfolios, event tasks, and student performance but can actually be used for other types of assessment as well. They should be written by the health educator before instruction begins and shared with students as the unit or project is explained. Because students have the criteria early, they have a standard by which they can judge their own performance, thereby providing feedback during instruction.

E. The Louisiana State Health Education Standards focus on both alternative assessment options and traditional ones in order to forge a more complete picture of student learning. An assessment strategy that is balanced will best assess the objectives of the K–12 health education program.

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§309. Requirements

A. The Louisiana Department of Education in *Bulletin 741, Louisiana Handbook for School Administrators*, sets the hours required in health and physical education. These requirements are also found in Bulletins 1596 and 1597.

B. For grades 1-6, 150 minutes per week are required in health and physical education. (B 741:2.090.09)

C. In grades seven and eight, "health and physical education, elective, exploratory studies" is set at a minimum of 275 minutes per week for students on a six-period day option or 250 minutes per week for a seven-period day schedule. (B 741:2.090.09)

D. Grades 9-12. In order to graduate from high school, public school students must earn one-half unit in health education. (B 741:2.105.09) A minimum of 90 hours of health instruction shall be taught and cardiopulmonary resuscitation (CPR) must be taught during health education. (B 741:2.105.15) Nonpublic schools require two units of combined health and physical education for graduation. (B 741: 6.099.01)

E. R.S. 17:275 states that all public junior and senior high schools shall provide instruction to all female students in the proper procedure for breast self-examination and the need for an annual Pap test for cervical cancer. Such instruction may be provided in the context of courses in the study of health, physical education, or such other appropriate curriculum or instruction period as may be determined by the respective local school boards. This instruction may be taught by a school nurse, physician, or competent medical instructor. The local school boards shall adopt rules and regulations necessary for the implementation of this program of instruction. No student shall be required to take such instruction if his parent or tutor submits a written statement indicating that such instruction conflicts with the religious beliefs of the student.

F. In 2001, through Senate Bill No. 792, guidelines were established for the development of youth suicide prevention programs as required in R.S. 17:282.3. Some features of this bill include the involvement of the Department of Education in developing standards for these programs, classroom instruction integrated into the curriculum, and access to prevention services. Some of the instructional topics suggested for prevention in S.B. No. 792 are:

1. encourage sound decision-making and promote ethical development;
2. increase student awareness of the relationship between drug and alcohol use and suicide;
3. teach students to recognize signs of suicidal tendencies; and
4. inform students of the available community suicide prevention services.

G. The measures outlined in Subsection F.1 - 4 above easily fit within the health education curriculum that is based on these Health Education Content Standards.

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Chapter 5. Health Education Content Standards and Benchmarks

§501. Coding Key for Benchmarks

A. Standards are broad goals for student achievement in a content area. Each standard is followed by a set of benchmarks. The benchmarks state what a student should know and be able to do in order to reach the standard. The key in Paragraphs 1-3 of this Subsection A explain the coding used for the benchmarks contained in this document.

1. The first number indicates the standards number.
 2. The capitol letter represents the cluster level.
 3. The third symbol is a second number, which represent the benchmark number.
- a. The letters for each grade cluster level are as follows:

E	represents the elementary cluster level, grades K - 4
M	represents the middle school cluster level, grades 5 - 8
H	represents the high school cluster level, grades 9 - 12
Example: 2-E-4 would represent benchmark four for standard two on the Elementary level (grades 3 - 5)	

B. The numbers in parentheses at the end of each benchmark are the numbers for the Louisiana Standards Foundation Skills found in §107.

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§503. Health Education Content Standards

A. The Louisiana Health Education Content Standards are composed of three components:

1. Health Education Content Standards;
2. rationale for each standard;
3. benchmarks (performance indicators) that describe what the student should know and be able to do to demonstrate mastery of the standard.

B. The National Health Education Content Standards vary from other content areas in that performance indicators are used as benchmarks. Louisiana benchmarks are intended to serve as a guide for organizing student assessment.

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HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1945 (September 2002).

§505. Standard 1

A. Students will comprehend concepts and strategies related to health promotion and disease prevention.

1. State Foundation Skills 1, 2, 3, 4
2. National Health Standard 1

B. Basic to health education is a foundation of knowledge about the interrelationship between behavior and health, the human body, and disease prevention. Comprehension of health-promotion strategies and disease prevention concepts will enable students to become health literate learners with a foundation for leading healthy and productive lives.

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§507. Standard 2

A. Students will demonstrate the ability to access and evaluate the validity of health information and health promoting products and services.

1. State Foundation Skills 1, 2, 5
2. National Health Standard 2

B. Critical thinking involves the ability to identify valid health information and to analyze, select and access health-promoting services and products. The development of critical thinking skills is a high priority in all disciplines for improving problem solving and decision-making abilities. Applying skills of information analysis, organization, comparison, synthesis and evaluation to health issues encourages students to become health literate and responsible citizens.

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§509. Standard 3

A. Students will demonstrate the ability to practice positive health behaviors and reduce health risks.

1. State Foundation Skills 2, 3
2. National Health Standard 3

B. Reducing harmful and risk-taking behaviors can prevent many diseases and injuries. Recognizing and practicing health-enhancing behaviors can contribute to a positive quality of life. Strategies to improve health behaviors will assist students in developing positive health behaviors as they engage in critical thought and problem solving. Goal setting and decision-making are integral to developing such strategies. By accepting responsibility for personal health, students have a foundation to develop a productive, healthy life.

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§511. Standard 4

A. Students will analyze the impact of the media, technology, economy, culture, and other factors on health through the use of technological resources.

1. State Foundation Skills 1, 3, 5
2. National Health Standard 4

B. Health is influenced by a variety of factors that co-exist within a society such as cultural context, media, and technology available. A competent problem solver can analyze, evaluate and interpret the influence of such factors on the health of the individual and community. Through analyzing influences, evaluating media messages, and recognizing the impact of technology students will develop into more effective and responsible individuals.

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HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1945 (September 2002).

§513. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

1. State Foundation Skills 1, 2, 3, 4
2. National Health Standard 5 and 6

B. Personal, family, and community health are enhanced through effective communication. Responsible individuals use communication skills in maintaining healthy relationships. The ability to organize and convey information, beliefs, opinions, and feelings are skills that

strengthen interactions while reducing conflicts. These skills enable individuals to collaborate with others to improve the quality of life for their families and communities.

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§515. Standard 6

A. Students will demonstrate the ability to advocate personal, family, and community health.

1. State Foundation Skill 3 and 4
2. National Health Standard 7

B. Quality of life is dependent on an environment that protects and promotes the health of individuals, families, and communities. Advocating and communicating for improved health measures in their communities characterize responsible citizens. Individuals should develop a wide variety of advocacy skills such as persuasiveness, collaboration and effective communication techniques.

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Chapter 7. Grades K-4C Elementary Cluster Level

§701. Standard 1

A. Students will comprehend concepts and strategies related to health promotion and disease prevention.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

1-E-1	recognize basic body parts and describe the structure and function of the human body system;	(1,2,4)
1-E-2	demonstrate personal health habits that promote optimal health (i.e., good nutrition, brushing teeth, washing hands, exercise, etc.);	(1,2,3)
1-E-3	compare and contrast personal health behaviors and individual well being;	(1,2,4)
1-E-4	identify common childhood health problems/illnesses and the corresponding prevention and treatment;	(1,2,4)
1-E-5	explain how physical, social and emotional environments influence personal health.	(1,2,3,4)

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

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§703. Standard 2

A. Students will demonstrate the ability to access and evaluate the validity of health information and health promoting products and services.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

2-E-1	identify characteristics of valid health information and health-promoting products and services;	(2,3,4)
2-E-2	demonstrate the ability to locate resources from home, school and community that provide valid health information;	(1,2,3,4)
2-E-3	explain how media influences the selection of health information, products, and services; and	(4,5)
2-E-4	demonstrate the ability to locate school and community health resources.	(1,3)

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§705. Standard 3

A. Students will demonstrate the ability to practice positive health behaviors and reduce health risks.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

3-E-1	identify personal health needs;	(1,4)
3-E-2	demonstrate responsible personal health behaviors;	(2,4)
3-E-3	illustrate safety/injury prevention techniques related to daily activities;	(2,3,4)
3-E-4	demonstrate ways to avoid and reduce threatening situations; and	(2,3,4)
3-E-5	apply skills to manage stress.	(2,4)

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§707. Standard 4

A. Students will analyze the impact of the media, technology, economy, culture, and other factors on health through the use of technological resources.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

4-E-1	describe how culture influences personal health behaviors;	(1,2,4)
4-E-2	explain how media influences thoughts, feelings, and health behaviors;	(2,3,4)
4-E-3	demonstrate ways that home health care technology can influence personal health (blood glucose level monitors, blood pressure monitors, diet evaluation software, on-line medical sites, etc.); and	(2,3,4)
4-E-4	discuss how information from school and family influences health.	(1,2,3,4)

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§709. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

5-E-1	demonstrate healthy ways to communicate needs, wants, and feelings through verbal and non-verbal communication;	(1,2)
5-E-2	demonstrate ways to communicate care, consideration, and respect of self and others;	(1,2,5)
5-E-3	apply a decision-making process to address personal health issues and problems;	(1,2)
5-E-4	demonstrate refusal skills to enhance health;	(1,2)
5-E-5	demonstrate non-violent strategies to resolve conflicts; and	(1,2,4)
5-E-6	establish personal health goals and track progress toward its achievement.	(1,2,3,4)

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§711. Standard 6

A. Students will demonstrate the ability to advocate personal, family and community health.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

6-E-1	recognize basic job functions of community and school health service providers;	(1,4)
6-E-2	convey how to access appropriate health and crisis care services in emergency situations; and	(1,2,4)
6-E-3	demonstrate the ability to communicate information that promotes positive health choices.	(1,3,4,5)

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Chapter 9. Grades 5-8C Middle School Cluster Level

§901. Standard 1

A. Students will comprehend concepts and strategies related to health promotion and disease prevention.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

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1-M-1	describe relationships among physical, mental, emotional and social health;	(1,2,4)
1-M-2	evaluate healthy and unhealthy lifestyles (e.g., preventive health measures, physical fitness, nutrition, obesity, eating disorders, stress, etc.);	(1,2,3,4)
1-M-3	examine the structure and function of body systems and its relation to wellness;	(2,3,4)
1-M-4	analyze high risk behaviors to determine their impact on wellness (e.g., disease transmission, suicidal tendencies, substance use and abuse, etc.); and	(1,2,3,4)
1-M-5	determine factors that influence violence and strategies for avoiding unhealthy situations.	(1,2,3,4)

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§903. Standard 2

A. Students will demonstrate the ability to access and evaluate the validity of health information and health-promoting products and services.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

2-M-1	locate valid health information using various sources (e.g., Internet, videos, print, television, etc.);	(2,3,4)
2-M-2	identify how media influences the selection of health information and products;	(1,3,4)
2-M-3	locate and evaluate functions of community health agencies and professional health services (e.g., hospitals, emergency care, substance abuse centers, volunteer organizations, etc.); and	(2,3,4)
2-M-4	examine the effectiveness of health products and services (e.g., sun blocks, cosmetics, over-the-counter medicines, etc.).	(2,4)

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§905. Standard 3

A. Students will demonstrate the ability to practice positive health behaviors and reduce health risks.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

3-M-1	identify personal health needs and develop long-term goals for a healthy lifestyle;	(2,4)
3-M-2	examine physical fitness assessments and their role in developing a personal wellness program; and	(2,3,4)
3-M-3	develop injury prevention and management strategies for personal and family health.	(1,3,4)

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§907. Standard 4

A. Students will analyze the impact of the media, technology, economy, culture, and other factors on health through the use of technological resources.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

4-M-1	investigate the quality of health care provided in other countries;	(4,5)
4-M-2	compare and contrast the health of different cultures, race and ethnicity;	(1,2,4,5)
4-M-3	investigate the impact of media (e.g., television, newspaper, billboards, magazines, Internet) on positive and negative health behaviors;	(1,3,5)
4-M-4	describe the ways that technology affects health (e.g., video games, computers, high-technological medical equipment, etc.); and	(1,3,4)
4-M-5	assess ways in which various media influence buying decisions (e.g., health products, medicines, food).	(1,3,4)

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§909. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

5-M-1	demonstrate verbal and non-verbal skills to communicate care, self-control, and respect for all;	(1,2)
5-M-2	distinguish between positive and negative peer pressure and analyze the impact of peer pressure on decision-making;	(1,2,5)
5-M-3	demonstrate refusal and conflict resolution skills to develop and maintain healthy relationships with peers, family and others in socially acceptable ways;	(1,2,3,5)
5-M-4	demonstrate positive decision-making and problem-solving skills; and	(1,2)
5-M-5	develop strategies and skills for attaining personal health goals.	(1,2)

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§911. Standard 6

A. Students will demonstrate the ability to advocate personal, family, and community health.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

6-M-1	develop strategies to encourage and influence others in making positive health choices (e.g., healthy food choices, abstaining from alcohol, tobacco, and illegal drug use, etc.);	(1,2,4)
6-M-2	analyze various communication methods to accurately express health ideas and opinions;	(1,3)
6-M-3	identify barriers to effective communication about health issues; and	(2,3,4)
6-M-4	demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools.	(1,5)

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Chapter 11. Grades 9-12C High School Cluster Level

§1101. Standard 1

A. The students will comprehend concepts and strategies related to health promotion and disease prevention.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

1-H-1	analyze the impact of behavior on health maintenance and disease prevention;	(1,2,3,4,5)
1-H-2	identify the causes, symptoms, treatment and prevention of various diseases and disorders (e.g., cardiovascular diseases, STDs, eating disorders);	(2,3,4)
1-H-3	describe interrelationship(s) of mental, emotional, social, and physical health throughout the life span;	(1,2,4)
1-H-4	explain the impact of personal health behaviors on the functioning of body systems;	(2,3,4)
1-H-5	describe the influence of family, peers, and community on the health of individuals; and	(1,2,4)
1-H-6	evaluate environmental influences on the health of individuals in their home, community, and world.	(1,2,3,4)

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

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§1103. Standard 2

A. The students will demonstrate the ability to access and evaluate the validity of health information and health-promoting products and services.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

2-H-1	evaluate the validity of health information, products, and services using a variety of resources;	(2,3,4)
2-H-2	identify factors that influence personal selection of health products and services;	(2,3)
2-H-3	identify school and community health services available for self and others;	(1,3,5)
2-H-4	analyze the cost and accessibility of health care products and services; and	(2,3,4)
2-H-5	examine mental, social, and physical conditions requiring professional health services (e.g., obesity, eating disorders, suicidal tendencies, depression, drug/alcohol abuse, diabetes, heart attack, burns, etc.).	(1,2,3,4)

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§1105. Standard 3

A. The students will demonstrate the ability to practice positive health behaviors and reduce health risks.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

3-H-1	describe the role of individual responsibility for enhancing health by analyzing the short-term and long-term consequences of behaviors throughout the life span (safe, high-risk, and harmful behaviors);	(2,3)
3-H-2	demonstrate the ability to use critical thinking when making decisions related to health needs and risks of young adults;	(2,3)
3-H-3	evaluate a personal health survey to determine strategies for health enhancement and risk reduction;	(2,3,4)
3-H-4	develop strategies to improve or maintain health and safety on personal, family, community, and world levels;	(1,2,3)
3-H-5	demonstrate ways to reduce threatening situations to avoid violence; and	(1,2,5)
3-H-6	design strategies to manage stress.	(2,3)

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§1107. Standard 4

A. Students will analyze the influence of the media, technology, economy, culture and other factors on health through the use of technological resources.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

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4-H-1	investigate how cultural diversity and economy enrich and challenge health behaviors;	(2,3,4)
4-H-2	evaluate the impact of technology and media on personal, family, community, and world health; and	(1,2,3,4)
4-H-3	explain how information from peers, family and community influence health.	(1,4)

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§1109. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

5-H-1	demonstrate effective communication skills and identify the impact of communication on relationships with family, peers, and others;	(1,2,4)
5-H-2	demonstrate positive, effective methods of expressing needs, wants, feelings, care, consideration, and respect for self and others;	(1,2,5)
5-H-3	identify strategies for solving intrapersonal and interpersonal conflicts without harming self or others;	(1,2,5)
5-H-4	identify the possible causes of conflict in schools, families, and communities;	(1,2,5)
5-H-5	plan and demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations;	(1,2,5)
5-H-6	identify personal goals for improving or maintaining lifelong personal health; and	(3,4)
5-H-7	formulate a plan and evaluate the progress for attaining personal health goals.	(2,3,4)

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§1111. Standard 6

A. Students will demonstrate the ability to advocate personal, family, and community health.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

6-H-1	predict immediate and long-term impact of health decisions on the individual, family and community;	(2,3,4)
6-H-2	effectively communicate concerns and information about immediate and/or long-term impact of health decisions in order to influence others;	(3,4)
6-H-3	identify effective strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues (refusal skill, assertiveness, problem-solving, communication skills);	(1,2,3,4,5)
6-H-4	demonstrate techniques that influence and support others in making positive health choices (positive peer pressure); and	(1,3,4)
6-H-5	demonstrate the ability to work cooperatively when advocating for healthy communities and environments.	(1,5)

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